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ABSTRACT

This report details concerns of specific Asian and Pacific American Communities and examines the degree to which government agencies at federal state, and local levels have made efforts to resolve these problems, or, in some cases, contribute to them. The study deals with educational opportunities afforded Chinese American youth; housing and redevelopment problems faced by Japanese Americans; allegations of inadequate social services allocated to Pacific Americans; the various problems faced by the elderly within the Filipino communities; and the difficulties encountered by Korean and Philippine-educated professionals in obtaining state licensure. State licensure policies are examined in four health fields as they affect the large number of Koreans and Philippines born and educated professionals residing in California. The difficulties encountered by these subgroups in resuming their professions are said to present significant socioeconomic problems within the Asian and Pacific communitiesin that they lack adequate health care and medical services and are deprived of the services of trained medical personnel with whom they could communicate effectively. Among the recommendations made are that the state licensure boards review their standards to see that qualified professionals are not screened out, and that they endorse and actively support training programs for foreign-educated in the medically-related professions. (Author/AM)

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A DREAM UNFULFILLED: KOREAN AND PILIPINO HEALTH PROFESSIONALS IN CALIFORNIA

--A report prepared by the California Advisory Committee to the U.S. Commission on Civil Rights

ATTRIBUTION:

The findings and recommendations contained in this report are those of the California Advisory Committee to the United States Commission on Civil Rights and, as such, are not attributable to the Commission.

This report has been prepared by the State Advisory Committee for submission to the Commission, and will be considered by the Commission in formulating its recommendations to the President and the Congress.

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LETTER OF TRANSMITTAL

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U.S. COMMISSION ON CIVIL RIGHTS
May 1975

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Sirs and Madam:

The California Advisory Committee submits this report on the problems faced by Korean- and Philippine-educated health professionals seeking licensure in this State.

During the course of our study on the civil rights of Asian and Pacific Americans, which included open meetings in Los Angeles and San Francisco, we examined difficulties faced by foreign-educated professionals seeking to practice in California. We also reviewed relevant policies of four State licensing boards: Board of Pharmacy, Board of Medical Examiners, Board of Dental Examiners, and Board of Registered Nursing.

Of the total number of immigrants admitted since 1965 in the four health professions, Asian immigrants predominate. In 1973, Asian immigrants comprised 70.6 percent of the total number of physicians and surgeons admitted to this country. In the same year, pharmacists educated in Asia were 84.4 percent of the total number admitted from all countries. By far, the majority were from Korea and the Philippines. Following the population patterns of other Asian and Pacific Americans, many choose to settle in California.

Ironically, these professionals are encouraged to immigrate--given preference by our immigration laws. Yet, the Advisory Committee found that on arrival in California these same men and women are often told that their educational credentials are inadequate, their experience unacceptable, and their certifications not recognized. Some are even denied entry to State licensing examinations which could prove their competency.

For many, the alternative to State licensure has been menial labor or unemployment--doctors working as busboys and waiters, pharmacists as gardeners' assistants. Those who have been able to obtain employment as medical assistants and technicians are often exploited by hospitals and clinics for their professional skills, according to testimony received by this Advisory Committee.

Insensitive and economically unsound postures assumed by some of California's medical associations and State boards are denying the residents of this State the services of these health professionals, who represent millions of dollars invested--elsewhere--in education, training, and experience. Medical refresher courses, with supplementary studies in acculturation and English, could place them in positions which would not only benefit the State's professions community, but also all Californians, particularly those in the Asian and Pacific American communities. The Advisory Committee heard ample testimony that these communities are lacking in medical services and health care.

The Advisory Committee makes several recommendations in its report, including a review of State licensure standards to see if they screen out qualified professionals, the establishment of training programs by professional communities and medical schools, and development of medical job classifications which would enable foreign-educated professionals to use their recognized talents for the public good while training for full licensure here.

We urge the Commission to support our recommendations and to assist this Advisory Committee in insuring that these new Americans do not become needless victims of discriminatory policies and practices.

Respectfully,

/s/

HERMAN SILLAS, JR.
Chairperson

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This report was written by Laura Chin, Office of Field Operations. Research assistance was provided by Michael H. Ishikawa, Thomas V. Pilla, and Sally E. James, with support from Grace Diaz and Irene B. Garcia. Legal review was provided by Ramona Godoy, staff attorney. All Western Regional office staff worked under the supervision of Philip Montez, regional director.

Final edit and review was conducted in the Commission's Office of Field Operations by Charles Ericksen, chief editor, assisted by Mary Frances Newman and Bruce E. Newman.

Preparation of all State Advisory Committee reports is supervised by Isaiah T. Creswell, Jr., Assistant Staff Director for Field Operations.

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The United States Commission on Civil Rights, created by the Civil Rights Act of 1957, is an independent, bipartisan agency of the executive branch of the Federal Government. By the terms of the Act, as amended, the Commission is charged with the following duties pertaining to denials of the equal protection of the laws based on race, color, sex, religion, or national origin: investigation of individual discriminatory denials of the right to vote; study of legal developments with respect to denials of the equal protection of the law; appraisal of the laws and policies of the United States with respect to denials of equal protection of the law; maintenance of a national clearinghouse for information respecting denials of equal protection of the law; and investigation of patterns or practices of fraud or discrimination in the conduct of Federal elections. The Commission is also required to submit reports to the President and the Congress at such times as the Commission, the Congress, or the President shall deem desirable.

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An Advisory Committee to the United States Commission on Civil Rights has been established in each of the 50 States and the District of Columbia pursuant to section 105(c) of the Civil Rights Act of 1957 as amended. The Advisory Committees are made up of responsible persons who serve without compensation. Their functions under their mandate from the Commission are to: advise the Commission of all relevant information concerning their respective States on matters within the jurisdiction of the Commission; advise the Commission on matters of mutual concern in the preparation of reports of the Commission to the President and the Congress; receive reports, suggestions, and recommendations from individuals, public and private organizations, and public officials upon matters pertinent to inquiries conducted by the State Advisory Committee; initiate and forward advice and recommendations to the Commission upon matters in which the Commission shall request the assistance of the State Advisory Committee; and attend, as observers, any open hearing or conference which the Commission may hold within the State.

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I. INTRODUCTION

In its first report on the civil rights of Asian and Pacific Americans in California, the California Advisory Committee presented a demographic sketch of Asian and Pacific Americans and their perceptions of the problems which they believed denied or restricted their full participation in American life. Spokespersons from six Asian and Pacific communities--Chinese, Japanese, Pilipino, Korean, Guamanian, and Samoan--discussed their concerns before the Advisory Committee open meetings in San Francisco, June 22 and 23, 1973 and in Los Angeles, November 30 and December 1, 1973, covering areas such as employment, education, housing, health care, social services (especially for the elderly), and immigration.

Testimony before the Advisory Committee suggested that Asian and Pacific Americans experience much of the social and economic exclusion which affect other minority Americans.[1] This exclusion has particularly affected the large numbers of non-English-speaking immigrants, many of whom are recent arrivals in this country.

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1. The term Pacific Americans includes Guamanians and Samoans and is used in this report in lieu of the term Pacific Peoples.

The Advisory Committee recognizes that other Asian and Pacific communities residing in California, including newly emerging groups such as East Indian, Thai, and South Vietnamese, face similar problems. The Advisory Committee hopes to explore the civil rights concerns of such groups at a future date.

Asian and Pacific American spokespersons alleged that often they have difficulties in obtaining State and local social service assistance; that their youth, especially those who have non-English-speaking parents, cannot fully participate in public educational programs; that the problems they face in employment, housing, and health care assistance were not recognized because data collected by government agencies are often incomplete and/or inaccurate; and that myths and stereotypes of Asian and Pacific Americans as industrious and model minority groups actually compound the difficulties they face.

The lack of complete and accurate data to document community needs was a major issue presented to the Advisory Committee and Commission staff by many community spokespersons. In 1970, the Bureau of the Census reported that there were more than 2 million individuals identified as Americans of Chinese, Pilipino,[2] Korean, Japanese, and Hawaiian descent, including Americans categorized by the Bureau of the Census as "other." The "other" category included Guamanian, Samoan, Malayan, and Thai.

For the conterminous United States, the Bureau of the Census reported approximately 1.4 million Asian and "other" Americans. Complete count data were collected for Chinese, Japanese, and Pilipino Americans, with 20 percent sample data collected for Americans of Hawaiian and Korean descent. No figures on Guamanians and Samoans residing in the United States are available. Community spokespersons asserted that there were approximately 30,000 to 45,000 Guamanians and 45,000 to 48,000 Samoans residing on the mainland.

2. The term "Pilipino" in this report refers to persons who were born in the Philippines or whose ancestors immigrated to the United States from the Philippines. In recent years, the term "Pilipino" has gained wide acceptance among many persons of Philippine ancestry and reflects a group identity and pride in their culture and heritage.

More than 60 percent of the Asian Americans (Chinese, Pilipino, Hawaiian, Japanese and Korean) enumerated in the 1970 census resided on the West Coast. California had the highest concentration, with the official 1970 population count at 549,307. (See Table A).

TABLE A

Asian and Pacific Americans in the United States and on the West Coast--1970

	Total U.S.	California	Oregon	Washington
Chinese	431,583	170,419	4,774	9,376
Filipino	336,731	135,248	1,466	11,488
Hawaiian	99,958[1]	14,454	NA	NA
Japanese	588,324	213,277	6,213	20,188
Korean	69,510[1]	15,909	NA	NA

1. United States excluding Alaska

Source: U.S., Department of Commerce, Bureau of the Census, Census of Population: 1970, Subject Reports, Final Report PC(2)-1G Japanese, Chinese, and Filipinos in the United States.

Community spokespersons asserted that their own research indicated undercounts and many discrepancies in population counts by all levels of government. They alleged that the classifications of Asian and Pacific Americans as Orientals, Islanders, nonwhite, and "others" used in data collection often ignored the individual communities.

During the course of the Advisory Committee and Commission staff investigation and the open meetings, the nature of specific problems faced by individual communities indicated need for further review. This report and others being issued by the Advisory Committee will detail concerns of specific Asian and Pacific American communities and examine the degree to which government agencies at Federal, State, and local levels have made efforts to resolve these problems, or, in some cases, actually contributed to them. These studies deal with educational opportunities afforded Chinese American youth; housing and redevelopment problems faced by Japanese Americans; allegations of inadequate social services allocated to Pacific Americans; the various problems faced by elderly within the Pilipino communities; and the difficulties encountered by Korean- and Philippine-educated professionals in obtaining State licensure.

This report examines State licensure policies in four health fields as they affect the large number of Korean and Philippine-born and -educated professionals residing in California: pharmacists,

medical doctors, dentists, and nurses. The plight of Korean and Pilipino immigrants in the professions elicited strong community reaction and support for change in State licensure policies and laws. Public hearings conducted by the California State Senate Subcommittee on Medical Education and Health Care, chaired by Senator Mervyn Dymally, on November 21, 1974, focused on the problems faced by foreign-educated medical doctors. But personnel in the medically related professions are not the only ones who encounter difficulties in obtaining State licensure. This is true of foreign-educated attorneys, accountants, and teachers.

As of yet, there is no national policy on foreign-educated medical graduates. The Department of Health, Education, and Welfare (DHEW) is currently working with the Coordinating Council on Medical Education to draw up new legislation which would establish a national policy, and the American Medical Association (AMA) is preparing a position paper on the role of foreign medical graduates. Until national policies and procedures are firmly established, the role of foreign-educated graduates in health and other professions will vary from State to State.

Since 1965, increasingly large numbers of Korean- and Philippine-educated professionals in health-related fields have entered the United States. Their difficulties in resuming their professions present significant socioeconomic problems within the Asian and Pacific communities. Testimony presented before the Advisory Committee suggested that there were inadequate health care and medical services within the communities and that the communities were being deprived of the services of trained medical personnel with whom they could communicate effectively. The unemployment and underemployment of experienced professionals in the health field also pointed up the vast amount of untapped resources which could be used for better and increased health care and medical services.

> Visas shall next be made available...to qualified immigrants who are members of the professions, or who because of their exceptional ability in the sciences or the arts will substantially benefit prospectively the national economy, cultural interests, or welfare of the United States.
>
> --Immigration and Nationality Act, 8 U.S.C. §1153 (a)(3)(1970).

II. IMMIGRATION AND THE PROFESSIONS

Prior to 1965, large-scale immigration from Asia was severely restricted. The number of Asian immigrants to the United States was controlled by a national origins quota system which assigned the largest number of immigrant admissions to those groups who were racially and ethnically close to the majority population in the country. Thus, the lion's share of the allocations were to Western Hemisphere countries.

The Immigration and Naturalization Act of October 3, 1965, abolished the quota system and opened up Asian immigration to the United States.[3] The Act established three major categories of immigrants: the immediate relatives of American citizens, natives of Eastern Hemisphere countries and their dependencies, and "special" immigrants, comprised mainly of natives of independent countries in the Western Hemisphere. Immigration from Eastern Hemisphere countries was limited to 170,000 annually, with no more than 20,000 visa numbers available annually per country and no more than 200 visas allocated to each dependency. Since the enactment of the reform legislation, Asian immigration has increased substantially as indicated in Table I on the following page.

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3. 8 U.S.C. §1101 et seq. (1970) (corresponds to The Act of Oct. 3, 1965, Pub. L. 89-236 §1-6, 8-15, 17-19, 24, 79 Stat. 911-920, 922.)

TABLE I

Immigrants Admitted from Specific Countries and Areas - 1973

Country of birth	1965	1973	Percent Change
China & Taiwan	4,057	17,297	+326.3
Hong Kong	712	4,359	+512.2
Japan	3,180	5,461	+ 71.7
Korea	2,165	22,930	+959.1
Philippines	3,130	30,799	+884.0
Oceania (total)	1,512	3,255	+115.3

Source: U.S., Department of Justice, Immigration and Naturalization Service, 1973 Annual Report.

Visas are allocated on a system of seven preferences. Four of the preferences provide for the reunion of families of American citizens and permanent resident aliens; two are for professional, skilled, or unskilled workers whose services are needed in the United States; and one is for refugees.

Occupational preferences may account for no more than 20 percent of all visas.[4] However, this does not preclude professionals from entering the United States under other immigration preferences if they qualify.

Foreign-educated professionals are admitted under two preferences: third preference is for members of the professions or those who possess exceptional ability in the sciences or arts; sixth preference is for skilled or unskilled workers whose services are needed in the United States. The immigration of these professional, skilled, and kindred workers has increased concurrently with the increased total Asian immigration, although their numbers have decreased somewhat since 1971. (See Table II.)

4. According to the INS, the number of visas issued and immigrants admitted will not necessarily agree. The differences may be due to the failure of aliens to make use of the visas or by immigrants who are admitted to the United States in the year following the one in which the visa was issued.

TABLE II

Total Numbers of Immigrants and Professional, Technical, and Kindred Workers Admitted to the United States From Asia - Fiscal Years Ending June 30, 1965-1973

	1965	1966	1967	1968	1969	1970	1971	1972	1973
Asian Immigration	19,778	39,878	59,233	57,229	73,621	92,816	103,461	121,058	124,160
Professional, Technical, and Kindred Workers (PTK)	2,113	5,931	13,426	13,950	17,658	24,396	29,640	31,303	24,889
Percentage PTK of Total Immigration	10.7%	14.9%	22.7%	24.4%	24.0%	26.3%	28.6%	25.9%	20.0%

Source: Table derived from figures provided by the Immigration and Naturalization Service in its annual reports, 1965 through 1973, Table 8, "Immigrants Admitted by Country or Region of Birth and Major Occupation Group." These figures differ from data based on country or region of last permanent residence, but do not significantly change immigration trends.

TABLE III

Professional, Technical, and Kindred Workers (PTK) Admitted to the United States From Asia and Selected Countries or Regions of Birth: Fiscal Years Ending June 30, 1972 and 1973

	1972 Total Immigration	1972 Total PTK	1973 Total Immigration	1973 Total PTK
China & Taiwan	17,339	4,060	17,297	2,686
India	16,926	8,171	13,124	4,941
Korea	18,876	3,482	22,930	2,913
Philippines	29,376	8,977	30,799	8,617
Thailand	4,102	993	4,941	939
Japan	4,757	616	5,461	559
Hong Kong	4,391	203	4,359	266
Other*	25,291	4,801	25,249	3,968
Total Asia	121,058	31,303	124,160	24,889

*Includes Indonesia, Iran, Iraq, Israel, Jordan, Lebanon, Ryukyu Islands, Syria, Turkey, Vietnam, and Other Asia.

Source: Table derived from figures provided by the Immigration and Naturalization Service annual reports, 1972 and 1973, Table 8, "Immigrants Admitted by Country or Region of Birth and Major Occupation Group." These figures differ from data based on country or region of last permanent residence, but do not significantly change immigration trends.

According to the Immigration and Naturalization Service (INS) figures, Asian immigrants admitted to the United States under occupational preferences are mainly from the Philippines, Korea, India, and Taiwan (including China). Table III on p. 8 is indicative of the immigration patterns of professionals from the Eastern Hemisphere.

In 1973, the number of Asian immigrants admitted as professional, technical, and kindred workers was 24,889; 11,530 were from the Philippines and Korea. Of the 24,889 immigrants admitted, more than 11,000 were in the health professions, with the Philippines leading in the total number of health personnel. Immigration and Naturalization Service statistics also show that of the total number of immigrants in the health professions admitted to the United States from all countries, Asian immigrants predominate. (See Tables V and VI on the following pages).

It is difficult to determine exactly where many of the immigrant professional and technical workers reside in the United States. We can reasonably infer that their distribution pattern would follow that of Asian and Pacific Americans. Based upon data from the official 1970 population census and INS data on the State of intended residence, many immigrants intend to reside in California. (See Table IV.)

TABLE IV

Immigrants Admitted from Selected Asian Countries by State of Intended Residence: State of California and Total United States - Year Ending June 30, 1973

	California	United States	California Percent of Total U.S.
China & Taiwan	4,648	17,297	26.8%
India	1,265	13,124	9.0%
Korea	4,926	22,930	21.4%
Philippines	11,228	30,799	36.4%
Japan	1,541	5,461	28.2%

Source: U.S., Department of Justice, Immigration and Naturalization Service, 1973 Annual Report. Percentages derived from INS figures.

TABLE V

Immigrants Admitted from All Countries and Asia in Selected Health Fields - Fiscal Years Ending June 30, 1970-1973

	All Countries including Asia				Asia			
	1970	1971	1972	1973	1970	1971	1972	1973
Physicians & Surgeons	3,158	5,756	7,144	7,119	1,744	3,836	5,046	5,029
Dentists	373	381	424	394	245	244	287	276
Nurses (Prof. & Student Prof.)	4,934	6,442	6,851	6,335	1,781	3,000	3,836	3,595
Pharmacists	614	703	1,004	1,303	408	521	767	1,100
Other Medical & Related Fields	1,647	1,686	2,026	1,819	698	885	1,156	1,002

Source: Table derived from statistics of the Immigration and Naturalization Service on "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers, Students, and All Other Occupations," for Fiscal Years 1970-1973. These figures differ from data based on country or region of birth but do not significantly change immigration trends.

TABLE VI

Immigrants Admitted From Selected Asian Countries in Four Health Fields by Country or Region of Last Residence - Fiscal Year Ending June 30, 1973

Country or Region	Physicians & Surgeons	Dentists	Nurses (Prof. & Students)	Pharmacists
China & Taiwan	458	15	205	64
India	1,630	32	594	115
Philippines	729	158	1,281	283
Thailand	305	1	394	22
Korea	598	30	744	346
Japan	63	4	50	6
Hong Kong	59	2	58	15
Others*	1,187	34	269	249
Total Asia	5,029	276	3,595	1,100

*Includes those countries or regions designated under Asia: Afghanistan, Bahrain, Bangladesh, Bhutan, Bonin Islands, Burma, Cambodia, Christmas Island, Cocos Islands, Indonesia, Iran, Iraq, Israel, Jordan (including Palestine), Kuwait, Laos, Lebanon, Macao, Malaysia, Republic of Maldives, Nepal, Okinawa, Oman, Outer Mongolia, Pakistan, Portuguese India, Portuguese Timor, Qatar Ryukyu Islands, Saudi Arabia, Singapore, Sri Lanka, Syria, Turkey, United Arab Emirates, Vietnam, and Yemen.

Source: Table derived from statistics of the Immigration and Naturalization Service, "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers (PTK), Students, and All Other Occupations, Fiscal Year 1973." These figures differ from data based on country or region of birth but do not significantly change immigration trends.

Immigration and Naturalization Service statistics indicate that among those who intend to reside in the State, many gravitate to the cities: among 11,228 Pilipinos who intended to reside in California in 1973, 2,762 went to San Francisco and 2,321 to Los Angeles. Among the 4,926 Korean immigrants who chose the State for residence, 1,898 went to Los Angeles and 389 to San Francisco.

Settlement of large numbers of these immigrants in California may be attributed to the following: San Francisco and Los Angeles are major ports of entry, and there are large concentrations of Asian and Pacific Americans in the urban areas of the State. Cultural familiarities and employment opportunities induce many to remain.

We never expected to lose our profession at the same time as we immigrated to this beautiful and wonderful country. Today, most of us find ourselves in a job which is inconsistent with our qualification and experience. We are suffering from starvation wages.

--Kong Mook Lee, vice president, Korean Pharmacist Association of California

III. FOREIGN-EDUCATED PROFESSIONALS AND STATE LICENSURE POLICIES

The immigration priority given foreign-educated professionals would seem to indicate that persons of their training, whether they be lawyers, doctors, nurses, or pharmacists, would be welcome additions to the professional communities in the United States. For the many foreign-educated professionals who reside in California, however, State licensure policies have made it difficult for them to practice their professions. In many cases, their certifications are not recognized, experience not accepted, or their educational credentials inadequate for State licensure. For one group, foreign-educated pharmacists, the situation is more severe since they are even denied entry into the licensing examinations. Lack of proficiency in the English language and inadequate public and private financial assistance for taking review and refresher courses are added difficulties.

For the large numbers of Korean- and Philippine-born and -educated professionals in the health field, the alternative to State licensure has been menial labor or unemployment. Community spokespersons interviewed by Commission staff asserted that the underemployment and unemployment of these professionals have deprived the communities of their

services and of increased, if not better, health care. From a broader perspective, the unemployment of trained and experienced doctors, nurses, dentists, pharmacists, and other health professionals in a country which is short of trained medical personnel, compound serious problems which affect health care delivery to minority communities. It also raises questions about the policies and practices of professional bodies which determine who shall or shall not be members of the professional communities.

There are four State licensing boards of particular concern to the Advisory Committee because of the large numbers of foreign-trained professionals who seek to apply through them to continue their practice: Board of Pharmacy, Board of Medical Examiners, Board of Registered Nursing and Board of Dental Examiners. These boards function under the Department of Consumer Affairs. Presently, no Asian or Pacific Americans sit on these boards. While three of the boards permit foreign-educated professionals to apply for State licensure, the Board of Pharmacy has severely restricted foreign-educated pharmacists from even taking the examination to prove their competency.

Board of Pharmacy

Since 1965 the number of foreign-educated pharmacists admitted to the United States has steadily increased, with the majority coming from Asia. Exhibit I on p. 15 shows the comparative total from all countries and Asia. In 1970, a total of 614 foreign-educated pharmacists were admitted under occupational preferences; 408 or 66.4 percent were from Asia. In 1973, 1,303 foreign-educated pharmacists were admitted; 1,100 or 84.4 percent were from Asia. A large proportion of the Asian-educated pharmacists are from Korea and the Philippines (See Table VII.)

TABLE VII

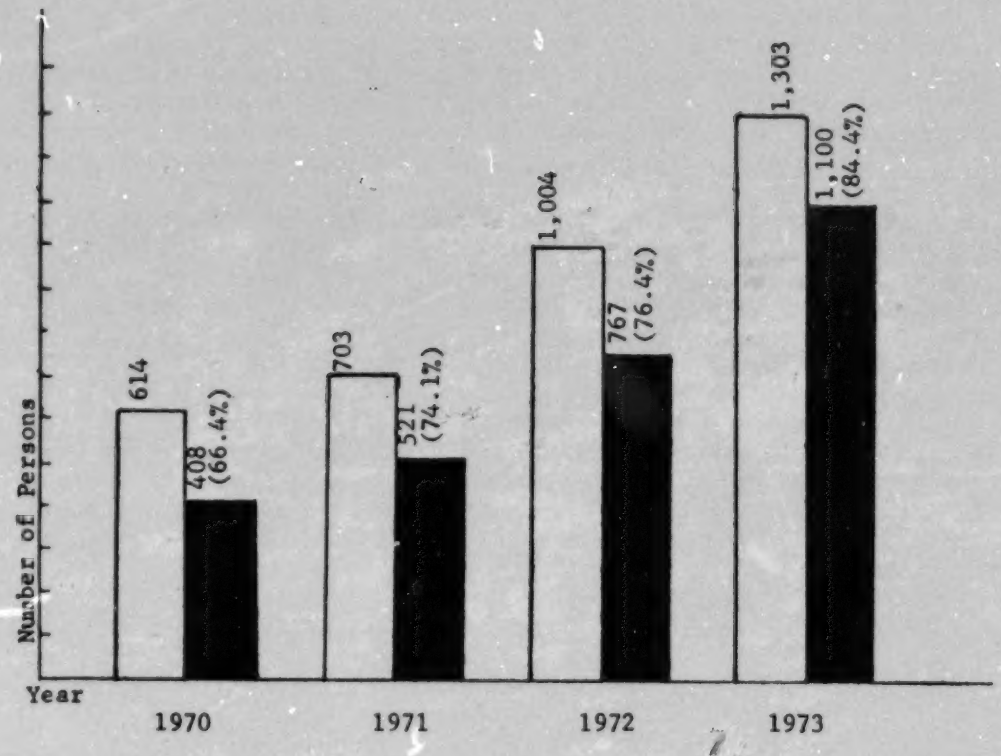
Immigrants Admitted as Pharmacists from Asia, Korea, and the Philippines: Fiscal Years Ending June 30, 1965-1973

	1965	1966	1967	1968	1969	1970	1971	1972	1973
Asian Total	14	45	116	220	382	408	521	767	1,100
Korea	0	0	4	10	17	38	81	257	346
Philippines	4	0	57	151	294	262	269	244	283

Source: Table based upon INS statistics on the number of immigrants admitted as professional, technical, and kindred workers by country or region of last permanent residence.

EXHIBIT I

Immigrant Pharmacists Admitted from All Countries and Asia -- 1970-1973



○ All countries including Asia

● Asia only (as percentage of total from all countries)

Source: Immigration and Naturalization Service statistics on "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers, Students, and All Other Occupations," Fiscal Years Ending June 30, 1970-1973.

It is professional pharmacists from these two countries who presented their grievances to the Advisory Committee and whose concerns elicited much community support.

The Board of Pharmacy is composed of seven practicing pharmacists and a public member. All are appointed by the Governor for 4-year terms. The Board's primary function is to "protect the public health and safety."[5] Among its responsibilities is to establish an approved list of accredited schools and colleges of pharmacy.

A candidate for licensure examination must be at least 18 years old and be of good moral character and temperate habits. The candidate must have 1 year of practical experience and pass a written and practical examination. To be eligible to take the examination, the candidate must have graduated from a school on the board's accredited list.[6] No foreign school has ever been included on the list.

In a letter dated November 22, 1973, from Frank Reynolds, chief deputy director of the Department of Consumer Affairs,[7] to Commission staff, he commented that graduates from foreign countries must meet the same standards and qualifications as other pharmacists seeking licensure in California. He pointed out that English proficiency was required by the board for the practice of pharmacy skill in the State.

In an interview with Commission staff in November 1973, Fred Willyerd, assistant executive secretary of the State Board of Pharmacy,[8] noted that the number of pharmacists was an "oversupply." There are at least 5,000 practicing pharmacists in California. He pointed out that "far too many schools were graduating far too many pharmacists." He stated:

> There should be 5,000 to 6,000 pharmacists joining the professions nationally each year to meet the demand created by retirements....But United States schools alone are turning out 7,000 a year. In another year, it will be 8,000.

According to Mr. Willyerd, there are 800 to 900 applicants a year who apply for licensure in the State, and between 70 to 75 percent

5. Department of Consumer Affairs, Digest of Information Including Compendium of Consumer Redress, 1973, Vol. I, p. 267.

6. Cal. Ann. Bus. & Prof. Code §4089, 4085 (West Supp. 1975).

7. Mr. Reynolds has since resigned from his post with the Department of Consumer Affairs.

8. In late November 1973, Mr. Willyerd became executive secretary of the board. Ralph Feyh is now serving as assistant executive secretary.

pass the examination. He noted that there had been a particular increase in applicants of Asian background, but did not know how many were American-born and -educated. He noted that in October 1973, 30 out of 162 candidates had Asian surnames.

Foreign-educated pharmacists seeking licensure in California are predominantly from Asian countries. A January 19, 1974, tally by the board showed that 83 percent of all written requests for licensure information received by the board from foreign-trained pharmacists were graduates of schools in Asia. Less than a dozen were from Western European countries. Out of 220 written requests for licensure information, 16 were from graduates of schools in Korea and 132 from graduates of schools in the Philippines.

According to Kong Mook Lee, a Korean-educated pharmacist and vice president of the Korean Pharmacist Association of California, there are at least 300 experienced Korean pharmacists in Southern California alone who are not practicing their professions. They have been restricted by the board from taking the licensure examination, he said.

Yung Gill Kook, vice president of the Korean American Political Association of Southern California, told Commission staff:

> We certainly do not expect that all will pass or that all will, at this point in time, even want to take the examination. It is possible that only a few will pass. We understand that.
>
> What we do not understand is why pharmacists with years of experience in Korea are being denied the opportunity even to take the examination.

In addition to the large numbers of Korean-born and -educated pharmacists in the State, there are also significant numbers of Pilipino pharmacists who are restricted from taking the examination. Community estimates of the number of Philippine-born and -educated pharmacists range from 350 to 400 for the Los Angeles and San Diego areas. According to Dr. Amancio Ergina, a pharmacist and vice president of the Filipino American Council in San Francisco, there are at least 40 Pilipino pharmacists in that city who cannot practice their profession. In a November 1974 telephone interview with Commission staff, Dr. Ergina noted that most Pilipino pharmacists are proficient in the English language. So while language would not be a barrier in taking and passing the examination, the pharmacy board has found it difficult to evaluate their educational credentials, he said.

At the Advisory Committee open meeting in Los Angeles, December 1, 1973, representatives from the Korean Pharmacist Association of California submitted a copy of a petition which they had sent to the board. In the petition, the Korean pharmacists pointed out that the Immigration and Naturalization Service gives priority preference to Koreans with pharmaceutical training. When these practicing pharmacists cut their professional and social ties with their homeland and come to the United States, they find that they are denied even the opportunity to take the licensure examination in California. As Mr. Kook pointed out to Commission staff, these professionals often take unskilled jobs to survive and support their families.

An estimated 22.8 percent of the 69,510 Koreans in the United States (excluding Koreans in Alaska) live in California according to the 1970 census. This large community would benefit from the services of professional pharmacists who share and understand their customs, culture, and language. Mr. Kook told Commission staff:

> The Korean American community in Los Angeles would benefit not just from their services. If they are allowed to work with dignity in the profession of their training--instead of as restaurant busboys or gardeners' assistants--and to earn standard wages for their work, they would be in a position to give our community additional strength and leadership. This is important to all of us.

Other States, including New York, permit foreign-educated pharmacists to be licensed if they meet certain educational and experience requirements and pass the State licensure examination. In a statement submitted to Commission staff by Albert J. Sica, executive secretary to the New York Board of Pharmacy, he noted that in New York, the foreign-educated pharmacist must present preprofessional and professional academic credentials to the State Board of Pharmacy. Using authoritative sources, such as the World Directory of Schools of Pharmacy published by the World Health Organization (WHO), the board's comparative education section evaluates the applicant's credentials. Professional degrees awarded by recognized schools and based upon 4 years of preprofessional and professional study are recognized as meeting the academic requirements. The foreign-educated graduate is also required to complete 1 year of internship and pass the regular licensing examination.

He commented that the licensure examination is in English, but "it is important to note that a separate demonstration of competency in English is not required of foreign graduates. The applicant is expected to possess a sufficient working knowledge [emphasis added]

of English usage in the professional area to be able to pass the licensing examination."[9]

In contrast to the policy of the New York State Board of Pharmacy, the California State Board of Pharmacy has maintained that there is no equitable standard to certify foreign-educated professionals. Fred Willyerd, assistant executive secretary of the California board, stated that he has yet to find one foreign school offering a pharmaceutical education equivalent to an American education. He noted that in the United States, 5 years of study are required for a pharmaceutical degree, 6 years for a doctorate. According to Mr. Willyerd, students in foreign countries enter pharmacy school directly from high school. He said that in the Philippines there were "church-type schools with poor standards," and that their "minimum passing grades are at 50 to 60 percent levels." He asserted in an interview with Commission staff that:

> A foreign pharmacist in California would be lost--out of his element, a dangerous man.

The Advisory Committee invited John T. Kehoe, director of the State Department of Consumer Affairs,[10] to respond to the concerns voiced by the Korean and Pilipino pharmacists during the 2-day Los Angeles open meeting. Mr. Kehoe's deputy chief director, Frank Reynolds, informed the Commission's Western Regional Office that he would represent Mr. Kehoe at the open meeting. After the open meeting had begun, a letter was delivered to the Commission's regional office from Mr. Reynolds, indicating that the department would not send a representative. The letter contained one paragraph of generalizations in response to several specific questions relating to the Board of Pharmacy which the Commission's Western Regional Director, Philip Montez, had submitted to the department.

Until 1973, the California Business and Professions Code completely denied foreign-educated pharmacists the opportunity to take the State pharmacy licensure examination regardless of their background and experience. At that time, foreign-educated pharmacists who wished to reside in California and practice their professions had to repeat their education at an accredited institution, assuming that they could get accepted for admission, or forego their professional training and experience and seek work in another field.

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9. Statement submitted by Albert J. Sica, executive secretary, State Board of Pharmacy, New York State Education Department, to the New York State Advisory Committee to the U.S. Commission on Civil Rights, July 12, 1974.

10. Mr. Kehoe has since resigned from his position with the Department of Consumer Affairs.

According to Kong Mook Lee, most of the Korean-born and -educated pharmacists who immigrate to the United States are family men of limited wealth who can afford neither the time nor the money to repeat their education. In all probability, he said, they would find their entry blocked at the admission's office. Entry into pharmaceutical schools is highly competitive. Mr. Lee believed that American-born and -educated applicants are given preference over recent immigrants.

A study by the Institute of Medicine for the U.S. Department of Health, Education, and Welfare indicated that the average annual education cost per student in pharmacy is $3,543.[11] For many of the foreign graduates of pharmacology, repeating their education would be a financial impossibility.

Fred Willyerd of the pharmacy board pointed out in his interview with Commission staff that it was "hard for them [foreign graduates] to get into some schools," and that in the University of California at Berkeley's school of pharmacy, only one out of four applicants are accepted. He also stated that there are only two other schools of pharmacy in California, the University of Pacific at Stockton (UOP) and the University of Southern California at Los Angeles (USC).

These latter two schools are private institutions. Tuition at UOP for full-time enrollment was $3,682 for the 1973-1974 school year, with an additional $500 for laboratory fees; at USC, the tuition was $2,910. There are no refresher courses at any of the California schools for foreign graduates. There have been a number of attempts in San Francisco to get this type of refresher course implemented, but because of funding problems, school administrators have been stymied in attempts to institute these programs.

In March 1972, Assemblyman Willie L. Brown of San Francisco, responding to the problems presented by foreign-educated pharmacists, introduced Assembly Bill 1709 to amend the State Business and Professions Code to read:

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11. Institute of Medicine, Report of a Study: Costs of Education in the Health Professions, Parts I and II (January 1974), p. 190. This project was undertaken with the approval of the Councils of the Institute of Medicine and the National Academy of Sciences. This is a joint publication of the National Academy of Sciences and the U.S. Department of Health, Education, and Welfare [DHEW Publication No. (HRA) 74-32] (hereinafter cited as Costs of Education).

> The [pharmacy] board may permit a person certified by the board to have had sufficient and equivalent education and experience in pharmacy, including at least two years practical experience in a foreign country within the previous five years, to take the written and practical examination given pursuant to subdivision (d) of Section 4085.[12]

The Board of Pharmacy opposed the bill and outlined its objections in a letter to Assemblyman Brown dated April 21, 1972. The letter, signed by Donald W. Holsten, executive secretary of the board,[13] commented:

> The California State Board of Pharmacy considered in detail the provisions of your proposed legislation: AB-1709. The Board is opposed to it.
>
> The bill would allow a foreign-trained, educated or experienced pharmacist to, upon certification by the board, take the California licensing examination. The problem is that the board has found no fair and equitable method to make such a certification....
>
> There is no national group to accredit or certify foreign schools or training. AB-1709 could be construed to be arbitrary toward USA citizens in that they must graduate from approved schools, whereas their foreign-trained counterpart need not....
>
> Having observed the education and training problems of foreign graduates in the past, it is quite likely that even pursuant to onsite survey they would neither have their foreign training accredited nor pass the licensing examinations ....Really, there appears no substitute for a U.S. education; and, in many schools, a degree might well be achieved in a short time. Further, graduation from a U.S. school practically guarantees licensure in some States.

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12. Cal. Bus. & Prof. Code §4089.5 (West 1974).

13. In late November 1973, Mr. Holsten stepped down as executive secretary. Fred Willyerd is currently serving as executive secretary.

> The board must oppose AB-1709 because there is no existing method to perform foreign training accreditation fairly and equitably without addition of prohibitive fiscal impact. Such accreditation will cause increased costs for the applicant which would appear better directed toward a U.S. degree.
>
> The board has tried to solve this problem in the past and could not. It was hoped that WHO [World Health Organization] would perform the education and training ratings required, but this did not materialize.

The bill was passed by the legislature and took effect March 7, 1973.

According to Mr. Willyerd, the bill prompted 323 inquiries from foreign-educated pharmacists, most of whom were residing in the United States. He stated that persons inquiring were graduates of 55 pharmacy schools in 26 countries. He also said that he mailed letters (in English) to all of the schools requesting information on admissions requirements, curricula, semester hours, and grade points. Only 17 schools responded, he said. Two were Korean and five Pilipino. Other schools responding were in Taiwan, Japan, Canada, India, and Cuba.

Although the intent of the new law was to open the door for experienced pharmacists with foreign degrees and sufficient credentials to be given a chance to take the examination, the law's wording, "The board may [emphasis added] permit a person with foreign degrees...to take the examination..." left the implementation of the law to the board--a board which had opposed the bill.

Since the enactment of the law the board has reported that not one foreign-educated pharmacist without an advanced degree from an American school has been permitted to apply for the examination. According to Kong Mook Lee, vice president of the Korean Pharmacist Association, the board has been studying the credentials of at least four Korean-educated pharmacists but has yet to act.

Fred Willyerd, the current executive secretary of the board, told Commission staff in a telephone interview January 28, 1975, that the board has been examining ways to evaluate the credentials of foreign-educated applicants. Mr. Willyerd stated that the board has been working closely with the Credentials Evaluation Service, a private firm based in Los Angeles, to determine which foreign-educated applicants met the standards of the pharmacy board. The applicant pays the Service $25 to have his or her credentials evaluated. The evaluation would cite

any deficiencies in the applicant's background, but it is up to the individual applicant to make up the deficiencies.

According to Mr. Willyerd, the board is presently reviewing preliminary cases sent to the board during this trial period, but the results have not been conclusive. He indicated that only those foreign-educated applicants who have an advance degree from an American school have been able to apply for licensure. No other foreign graduate has been allowed to do so.

Board of Medical Examiners

Immigration and Naturalization Service figures show that there has been a steady increase in the number of immigrant physicians and surgeons admitted to the United States under occupational preferences. The number of physicians and surgeons comprise a substantial proportion of those immigrants admitted in the health-related fields. In 1970, physicians and surgeons comprised 29.4 percent of those admitted in the health-related fields; in 1973, they comprised 42.0 percent. (See Table V, p. 10.)

Of the total number of foreign-educated physicians and surgeons admitted to this country, more than 50 percent come from Asian countries. Exhibit II on p. 24 shows the comparative totals from all countries and Asia. According to Immigration and Naturalization Service figures, 3,158 physicians and surgeons were admitted under occupational preferences in 1970; 1,744 or 55.2 percent were from Asia. In 1973, 7,119 physicians and surgeons were admitted from all countries; 5,029 or 70.6 percent were from Asian countries.

In 1973, India led in the number of immigrant physicians and surgeons with 1,630. In the same year, the numbers admitted from the Philippines and Korea were 729 and 598, respectively. (See Table VI, p. 11.) As indicated in Table VIII, the number of Korean and Philippine immigrant physicians and surgeons has increased since 1966.

TABLE VIII

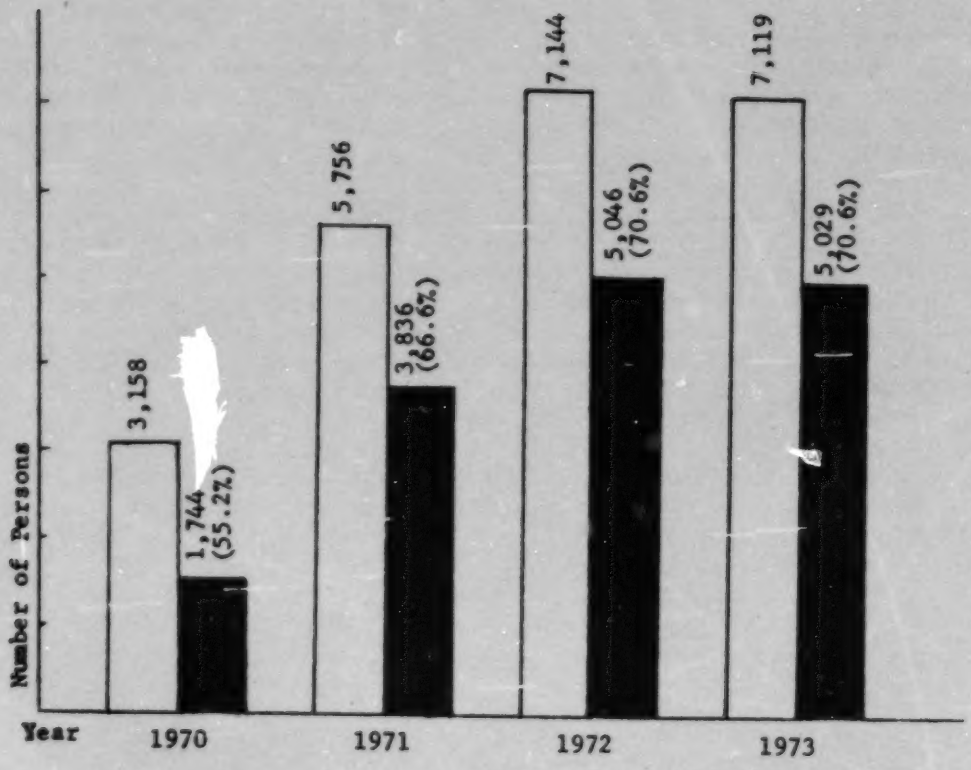
Immigrants Admitted as Physicians and Surgeons from Asia, Korea, and the Philippines - Fiscal Years Ending June 30, 1965-1973

	1965	1966	1967	1968	1969	1970	1971	1972	1973
Asian Total	226	614	1,175	1,277	1,448	1,744	3,836	5,046	5,029
Korea	11	35	70	63	128	228	965	768	598
Philippines	66	2	550	706	785	770	980	782	729

Source: Table based upon INS statistics on the number of immigrants admitted as professional, technical, and kindred workers by country or region of last permanent residence.

EXHIBIT II

Immigrant Physicians and Surgeons Admitted from All Countries and Asia--
1970-1973



○ All countries including Asia

● Asia only (as percentage of total from all countries)

Source: Immigration and Naturalization Service statistics on "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers, Students, and All Other Occupations," Fiscal Years Ending June 30, 1970-1973.

In a study sponsored by the American Medical Association (AMA) on foreign medical graduates in the United States, the data suggested that a large percentage of physicians entering the country remained. Of the 32,699 physicians recorded in AMA files in 1963, 27,335 or 83.6 percent of the foreign-educated group remained in 1971, with a high retention rate for those who had come to this country for temporary training. The study suggested that foreign-educated physicians would continue to enter the United States and remain as permanent immigrants as long as there were limited employment prospects in their native countries.[14]

Foreign-educated medical doctors who wish to practice their profession in California must apply for licensure through the State Board of Medical Examiners. The board, which licenses and regulates physicians and surgeons, is composed of 11 members--10 physicians and 1 public member. The board members are appointed by the Governor for staggered terms of 4 years. Among its responsibilities are to investigate and examine applicants for licensure, issue licenses, certificates, etc., and hold hearings and promulgate rules.[15]

Under State law all applicants for licensure must have 3 years of premedical and a minimum of 4,000 hours of professional instruction in medical school. The applicant must also have 1 year of hospital service in the United States after completion of medical school and pass oral, clinical, and written examinations administered by the board.[16]

Foreign-educated applicants must have completed an equivalent course of professional instruction and have served at least 1 year of hospital service. Besides passing the written examination, the foreign-educated medical graduate must pass an oral and clinical examination. (Cal. Bus. & Prof. Code §2193 (West Supp. 1975)).

Since 1974, there have been amendments to the State Medical Practice Act to modify licensure requirements for all applicants, including those foreign-educated. These reforms include the reduction of premedical education from 3 years to 2 years, allowing applications

14. James N. Haug and Rosemary Stevens, "Foreign Medical Graduates in the U.S. in 1963 and 1971." Reprinted by permission of Inquiry, published by the Blue Cross Association. The study was sponsored by the American Medical Association with support from a research grant from the National Center for Health Services REsearch and Development, U.S. Department of Health, Education, and Welfare.

15. Department of Consumer Affairs, Digest of Information Including Compendium of Consumer Redress, 1973, vol. I, p. 233.

16. Cal. Bus. & Prof. Code §§2191, 2192, 2288 (West 1974).

from foreign medical graduates who are not yet citizens but have filed a declaration of intention to become a citizen, and provisions that training in hospitals under certain instances may be used as credit for licensure.[17]

Most foreign-educated medical graduates must be certified by the Educational Council for Foreign Medical Graduates (ECFMG), a private, nonprofit corporation. The ECFMG verifies and evaluates the educational qualifications of foreign-trained physicians who want to study in the United States and tests them before they can study and work in American hospitals. The examination is given semiannually.

The American Medical Association requires ECFMG certification as do 75 percent of all State medical boards. While the California Board of Medical Examiners does not require ECFMG certification, it is required of foreign-educated physicians who wish to practice in private or university hospitals. Thus, nearly all foreign-educated medical doctors must have ECFMG certfication if they are to intern in a hospital and meet State licensure requirements.

Unlicensed medical graduates (American- and foreign-educated) can be employed in Federal hospitals. In Veterans Administration (VA) hospitals, medical graduates need not be licensed if the duties involve administration, research, or teaching. They must be licensed if they are employed as staff physicians with patient care responsibilities. (38 U.S.C. §4105 (1970)).

Noncitizen medical graduates in a VA hospital are limited to a 3-year temporary appointment, with a renewal option for another 3 years. If at the end of 6 years the foreign-educated medical graduate has not become a citizen, then the appointment is not renewed. Foreign-educated medical doctors can also come into VA hospitals as residents if they have ECFMG certification, but they cannot intern in these hospitals. The only exceptions in this case are those doctors educated in Canada.

During the Advisory Committee open meetings in San Francisco, June 22 and 23, 1973, and in Los Angeles, November 30 and December 1, 1973, testimony by representatives of foreign-educated medical doctors indicated that many in their profession faced problems in obtaining State licensure. Many have had to accept low-income jobs in fields totally unrelated to their knowledge and expertise in order to support themselves and their families. Underemployment and unemployment limited their access to, and increase of, medical knowledge to prepare for the examination. It also left little time or opportunity to attend medical-related classes, witnesses said.

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17. Cal. Bus. & Prof. Code §§2191, 2193.5 (West Supp. 1975).

Some spokespersons for the foreign medical doctors alleged that those who had obtained employment as medical assistants were often exploited by private hospitals and clinics who assigned them duties usually given to a practicing physician. This same point was emphasized by Dr. Manual Cadag, president of the Association of Foreign-Educated Medical Doctors in Northern California. At a meeting on November 7, 1974, in San Francisco prior to State Senate Subcommittee hearings on the problems of foreign medical graduates, Dr. Cadag pointed out that foreign-trained medical doctors were working in paramedical jobs, such as laboratory technicians and medical assistants to licensed doctors. His presentation at the meeting included examples where unlicensed medical doctors where expected to handle duties and responsibilities normally and legally assigned to licensed medical doctors in private hospitals and medical clinics.

Jenny Batongmalaque, a practicing physician and a member of the Los Angeles City Health Commission, told Commission staff that many experienced Philippine-educated medical doctors accept menial jobs to support themselves, and that there were some 150 or more Pilipino doctors in the Los Angeles area who were not practicing their professions. Dr. Batongmalaque said:

> Because many are trying to eke out a living, [they] never have a chance...to pass the licensing examination or return to school. They cannot go back to the Philippines because they sold everything to come here. [It would also be considered shameful] if they went back home with nothing.

At the open meeting in Los Angeles, Dr. Batongmalaque stated:

> Some [foreign medical graduates] are even jobless. They have no opportunities to review or to attend review classes because they cannot afford to pay for the tuition....They have no time because they have to earn a living to feed themselves and their families. In the meantime, they are losing self-confidence and their knowledge as physicians...is wasted.

Spokespersons for the Korean American community noted that Korean-educated medical doctors often found employment as clerks and technicians to support their families and that such employment left little time to prepare for the licensure examination or to take English courses.

In the study on education costs in the health professions by the National Insitute of Medicine, the average costs per student for a medical education range from $6,900 to $18,650 annually.[18]

Although most of the unlicensed foreign-educated medical doctors would not have to repeat their education, the cost to take medical and related courses would still be beyond their means. There are no medical refresher courses available at any public or private universities. Stanford University, a private institution, offered a refresher course about 2 years ago, but that program is no longer operating. Many foreign medical graduates study on their own and have to pay for any courses in preparing for the examination. Witnesses pointed out that there were little if any public or private funds to assist them.

According to Hakto Pak, a Korean-born and -educated doctor and a spokesperson for 30 Korean medical doctors in Los Angeles, the average Korean immigrant physician is over 40 years old and has had at least 10 years practical experience. Many of them do not have the time to return to school or the money to take medical and related courses, he said.

Dr. Pak also told the Advisory Committee that those who do get employment as medical assistants are often exploited by hospitals and clinics who assign them duties usually given to practicing physicians. He also noted that some Korean-educated doctors had additional problems in supplying the board with original documentation since some data and information had been misplaced, lost, or destroyed during the Korean War.

Another witness at the Los Angeles open meeting, Dr. Chin Choi, told the Advisory Committee that he had served the Korean Field Army as chief surgeon and was decorated in 1952 with a bronze star by President Harry Truman for his services to the U.S. Army. Later Dr. Choi was promoted to the rank of full colonel. He returned to school at Kyoto University in Japan where he received a doctorate in biological medicine. Dr. Choi immigrated to the United States in September 1972 and has received only excuses as to why he cannot practice medicine in California, he claimed.

In a November 1973 interview with Commission staff, Susan Wogoman, administrative assistant to the executive secretary of the State Board of Medical Examiners, stated that the majority of the foreign applicants are from the Philippines and that Pilipinos had "no real problem meeting our requirements."

According to Ms. Wogoman, in many Asian countries students take only 2 years of premedical and 4 years of medical education instead of the prescribed 3 and 4 years of study in an approved medical

18. Costs of Education, p. 59.

school in the United States. She noted that in evaluating the application, "I try to find 32 extra weeks which will serve as equivalent education." Ms. Wogoman pointed out in the 1973 interview with Commission staff that the board was considering a recommendation to the State legislature to amend the State law to allow for 2 years of premedical education instead of the current 3 years.

Since then, licensure requirements for foreign medical graduates have been amended. Other States have also reformed their licensure requirements for foreign medical graduates. In Florida, the Board of Medical Examiners is required by a law enacted by the State legislature in May 1974 to provide a course in continuing education for foreign-educated doctors in their native language.[19] The 36-week course is being conducted by the University of Miami as part of the State of Florida Continuing Education program. Upon completion, the course would be accepted by the board in lieu of other qualifications, such as ECFMG certification, for the State licensure examination. The first course began in March 1975 and is being conducted in Spanish because of the large number of Cuban-educated doctors now in the State.

In a telephone interview with Commission staff, Dr. George S. Palmer, executive secretary of the Florida State Board of Medical Examiners, indicated that there are presently about 570 persons in the course. There are no Federal or State funds for the course, and each person must pay the required tuition fees of the university. Dr. Palmer noted that if there were funds from the Department of Health, Education, and Welfare (DHEW), for example, then the course could be expanded to other schools and could conceivably be conducted in other languages if a sufficient number of foreign-educated doctors so requested.

Statistics from the California board show that almost all candidates who take the oral and clinical examinations pass. The examinations are given six or more times a year. In June 1973, only 3 out of 100 candidates failed.

19. Fla. Session Laws, ch. 74 §105 (1974).

The written examinations are given only in June and December. On the average, 48 percent of the foreign-educated (excluding Canada) medical graduates passed; approximately 90 percent of the graduates of United States and Canadian schools pass. In June 1973, 167 or 44 percent of the foreign-educated medical graduates passed the written examination, while 208 or 56 percent failed. Data for 1974 are not yet available, but a spokesperson with the board told Commission staff that the 1973 data was "typical."

At the Advisory Committee open meeting in Los Angeles, Hakto Pak told the Advisory Committee that the licensure examination was unduly difficult for foreign-educated doctors. He alleged that the board did not consider the lack of English proficiency among those foreign-trained doctors who were otherwise qualified for licensure, and that the board provided no bilingual services to assist the foreign-educated.

He suggested that those doctors who had not yet obtained licensure be given a temporary permit or license to practice to serve their communities on a limited basis under the supervision of licensed doctors. He said, "In this way, the effect is two-fold: serving the community and providing doctors with opportunities to prepare for the examination." He added:

> The prospective doctors for licensure may be greatly benefited if there are facilities where they can receive some education training, [such as in] county hospitals or major universities....There may be some type of educational loans for them while they are being trained [which could be] reimbursed at a later date.

At this point in time, the California Board of Medical Examiners does have a legislature-created Medical Student Loan Program which offers 35 loans annually to needy medical students. The loans are not to exceed $2,000 annually.

According to Dolores Rios, assistant secretary of the board, the program is for third and fourth year medical students and is designed to encourage students to practice in rural areas. However, since 1970 when the program was established, "there have never been enough students to use up all the money," she said.

In hearings on the problems of foreign-educated medical doctors held on November 21, 1974, by the State Senate Subcommittee on Medical Education and Health Care, chaired by State Senator Mervyn Dymally,[20]

20. Senator Dymally was elected Lieutenant Governor of California in November 1974.

representatives for foreign-educated doctors alleged that the licensing regulations were unfair, unwise, and discriminatory, and that the examinations were too rigid. The representatives stressed the need for special training programs to prepare medical doctors educated abroad for the State medical board examination, and outlined a model training program which would include refresher courses in medicine, English, and cultural awareness. The length of the training program would be more than 6 months but less than 1 year. The availability of stipends to allow full-time study is crucial to the program.

Dr. C. John Tupper, a representative of the California Medical Association, stated at the hearing that the United States should not have to rely upon foreign medical graduates to "solve domestic problems of health care." He indicated that while he opposed any change in licensure requirements for foreign-educated medical graduates, he would support a "meaningful competency assessment program" through the ECFMG to study the capability of foreign medical graduates admitted to American graduate programs. He also supported introductory courses for foreign medical graduates which would "facilitate the acculturation process and which [would] help overcome educational shortcomings."

Representatives from various medical schools and hospitals throughout the State also endorsed such a retraining program. Dr. Robert Greenberg, associate dean for academic affairs and professor and chairman of the department of pediatrics of the Charles Drew Postgraduate Medical School in Los Angeles, told the subcommittee that the Drew School "remains very willing and ready to assist...in seeking solutions to the issues of education and quality of medical services from or related to the immigration of foreign medical graduates." But he indicated that the cost of developing and implementing such programs might prove prohibitive.

Edison Uno, a representative from the University of California Medical Center, told the subcommittee at its hearing that the crowded conditions at the University of California medical schools would probably be the most significant factor against the establishment of training programs for foreign-educated medical doctors. He stated, however, that he believed that such a program could be established if Federal or State funds were available.

Following the subcommittee hearings, State Senator Dymally introduced Senate Bill 56 in December 1974 to create a retraining program for foreign medical doctors. The program would have required an appropriation from the State of $2 million. Because of the size of the appropriation, the bill was withdrawn in January 1975. In February, however, Assemblywoman Leona Egeland introduced Assembly Bill 860 to institute a retraining program for foreign medical graduates. This bill would place the program within the community college system in the State and deal only with refresher courses in medicine and English. The community colleges would establish retraining programs in conjunction with the Board of Medical Examiners if 25 or more graduates requested the college to do so.

Board of Dental Examiners

Immigration and Naturalization Service figures indicate that the number of foreign-educated dentists admitted to this country has increased and that the majority come from Asia. Exhibit III on page 33 shows the number of dentists admitted from all countries and Asia. In 1973, the INS reported a total of 394 dentists admitted to this country; 276 or 70.1 percent were from Asia. As indicated in Table IX below, a large proportion of the Asian immigrant dentists come from Korea and the Philippines.

TABLE IX

Immigrants Admitted as Dentists from Asia, Korea, and the Philippines - Fiscal Years Ending June 30, 1965-1973

	1965	1966	1967	1968	1969	1970	1971	1972	1973
Asian total	12	33	101	173	237	245	244	287	276
Korea	0	0	5	4	7	3	20	26	30
Philippines	4	21	62	140	198	198	178	159	158

Source: Table based upon INS statistics on the number of immigrants admitted as professional, technical, and kindred workers by country or region of last permanent residence.

Foreign-educated dentists who wish to practice their profession in California must apply through the State Board of Dental Examiners for licensure. The board, which functions to ensure the "better education of dental practitioners" and "regulate the practice of dentistry in California,"[21] is composed of seven practicing dentists and one non-licensed public member. The board members are appointed by the Governor for terms of 4 years on a staggered basis.[22]

Prior to 1970, no foreign-educated dentist in California could obtain State licensure without 2 years of dental education in the State. In 1969, the State legislature revised the Dental Practice Act to provide for a more liberal admissions policy towards foreign-educated dentists.[23] The first examination to include foreign-educated dentists was given in 1970.

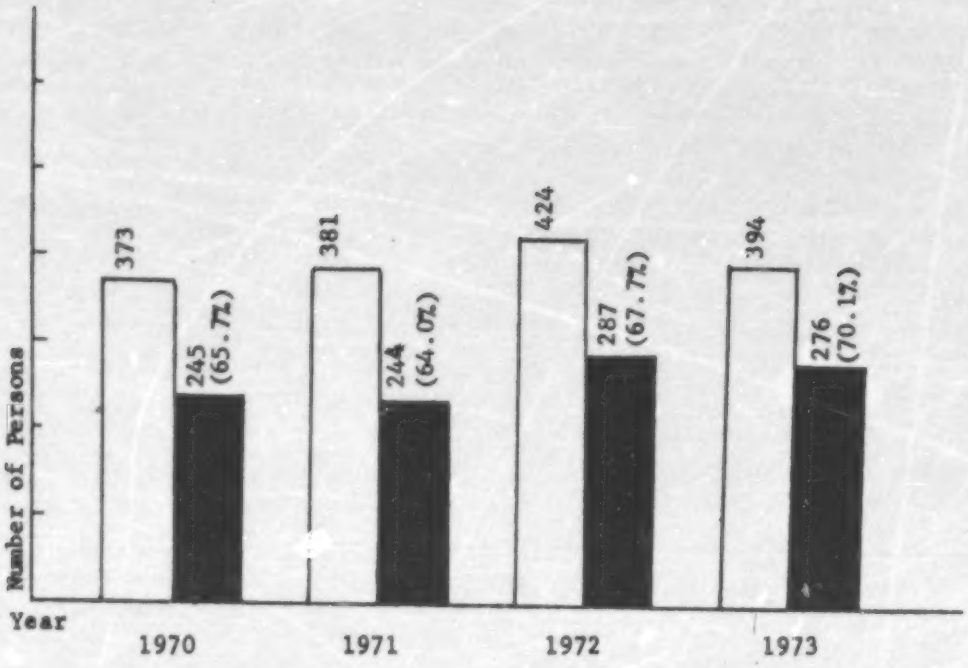
21. Department of Consumer Affairs, Digest of Information Including Compendium of Consumer Redress, 1973, vol. I, p. 233.

22. Cal. Bus. & Prof. Code §1603 (West 1974).

23. Cal. Bus. & Prof. Code §1636 (West Supp. 1975).

EXHIBIT III

Immigrant Dentists Admitted from All Countries and Asia — 1970-1973



○ All countries including Asia

● Asia only (as percentage of total from all countries)

Source: Immigration and Naturalization Service statistics on "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers, Students, and all Other Occupations," Fiscal Years Ending June 30, 1970-1973.

According to the Board of Dental Examiners, 700 to 800 domestically-educated dentists and more than 500 dental hygienists are admitted to practice annually. By law, foreign-educated applicants must be licensed in the country where they were educated.[24] Foreign students studying in the Philippines have a particular problem in that only native-born citizens are allowed to practice there. According to Victor Hill, executive secretary of the State Board of Dental Examiners,[25] applicants with such problems can be admitted by the board if they do social service work for a minimum of 3 months. In cases where the foreign graduate cannot obtain records or the school has closed, the board has admitted persons on affidavits, he said.

The examination for licensure to practice dentistry is a five-step process: written, diagnosis/treatment planning, prosthetic examination, practical operative clinic, and restorative techniques. Foreign-educated candidates must take and pass each step separately. The board may waive the written examination if the candidate has passed the National Board of Dental Examiner's examination and received a certificate from that board.[26]

Since 1970 the number of foreign-educated candidates has markedly increased, as indicated in the figures provided by the board to Commission staff:

Year	Number of Foreign-Educated Candidates for Dentistry
1970	111
1971	545
1972	960
1973	1,144

Mr. Hill pointed out that it was easier for foreign-educated candidates for dentistry to pass the written examination since they needed only to score 75 percent. The passing grade for domestically educated candidates is 85 percent. He commented that the demands on dental students in California are higher than anywhere else in the United States.

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24. Ibid.

25. Mr. Hill has since retired as executive secretary of the board. Robert Powell was appointed executive secretary of the board in late 1974, but resigned in January 1975. The position is now open.

26. Cal. Bus. & Prof. Code §1636 (West Supp. 1975).

Foreign-educated applicants who apply for licensure are mainly from the Philippines, Korea, and Taiwan. For one of the 1973 examinations, the total number of foreign-educated candidates was 284; 184 or approximately 65 percent were graduates of schools in Korea (21) and the Philippines (163).

In a letter from the board to Assemblyman Willie Brown, chairperson of the State Assembly's Ways and Means Committee,[27] dated January 15, 1974, Victor Hill indicated that 484 foreign-educated graduates were participating in the licensure examinations at that time. The distribution in the sequential examinations were: written, 93; diagnosis/treatment planning, 174; prosthetic, 87; operative clinic, 63; and restorative techniques, 67. As of January 4, 1974, 91 foreign applicants have been licensed, including 3 graduates from schools in Korea and 25 from the Philippines.

Mr. Hill indicated that there were no real problems for graduates of schools in Taiwan and Japan and that recent graduates of Philippine schools were "doing well."

Since the liberalization of the Dental Practice Act in 1969, foreign-educated dentists have not encountered the many problems which confront other foreign-educated professionals in the health field. But there were specific concerns which came to the attention of the Advisory Committee and Commission staff.

By law, foreign-educated dentists must take the sequential examinations for licensure one at a time; domestically-educated graduates take the written examination first and then the remainder of the examinations, steps 2 through 5, all at the same time. Prior to 1974, the written examination was held four times a year. However, in 1974 the board decided to hold the written examination twice annually, while the other examinations would be given several times a year (seven times in 1975). Thus, the process by which a foreign-educated applicant obtains State licensure will be much slower.

Another problem which came to the attention of the Advisory Committee is the method by which the clinical portions of the licensure examinations are graded. While the first three examinations are objective, the last two involve actual patient care. The clinical portions of the examination are graded by the board members themselves and not by professional examiners. According to statistics compiled by staff of the Assembly Ways and Means Committee, there is a higher failure rate among foreign-educated candidates and out-of-State-educated candidates in these examinations. Some foreign-educated

27. John Foran is presently chairperson of the State Assembly Ways and Means Committee.

candidates have complained to the California legislature that this method of grading was often arbitrary and subjective.

Board of Registered Nursing

Foreign-educated nurses consistently comprise a large proportion of the medically-trained personnel admitted under occupational preferences to the United States. According to Immigration and Naturalization Service figures, 11,256 immigrants were admitted in selected health and medically-related fields in 1970; 4,934 or 42.8 percent were nurses. In 1973, foreign-educated nurses comprised 37.3 percent of the total number admitted in the health fields, with Asian-educated nurses predominating. In 1971, Asian-educated nurses were 46.6 percent of the total number of immigrant nurses admitted to the United States; in 1973, they were 56.7 percent of the total. Exhibit IV on page 37 shows the comparative totals from all countries and Asia.

The largest number of Asian-educated nurses come from the Philippines and Korea. As shown in Table X, Philippine-educated nurses comprised 52.5 percent of the Asian total in 1971; in 1973, the 1,281 Pilipino nurses were 35.6 percent of the total. In 1973, the 744 Korean nurses comprised 20.6 percent of the Asian total.

TABLE X

Immigrants Admitted as Nurses (Professionals and Students) from Asia, Korea, and the Philippines - Fiscal Years Ending June 30, 1965-1973

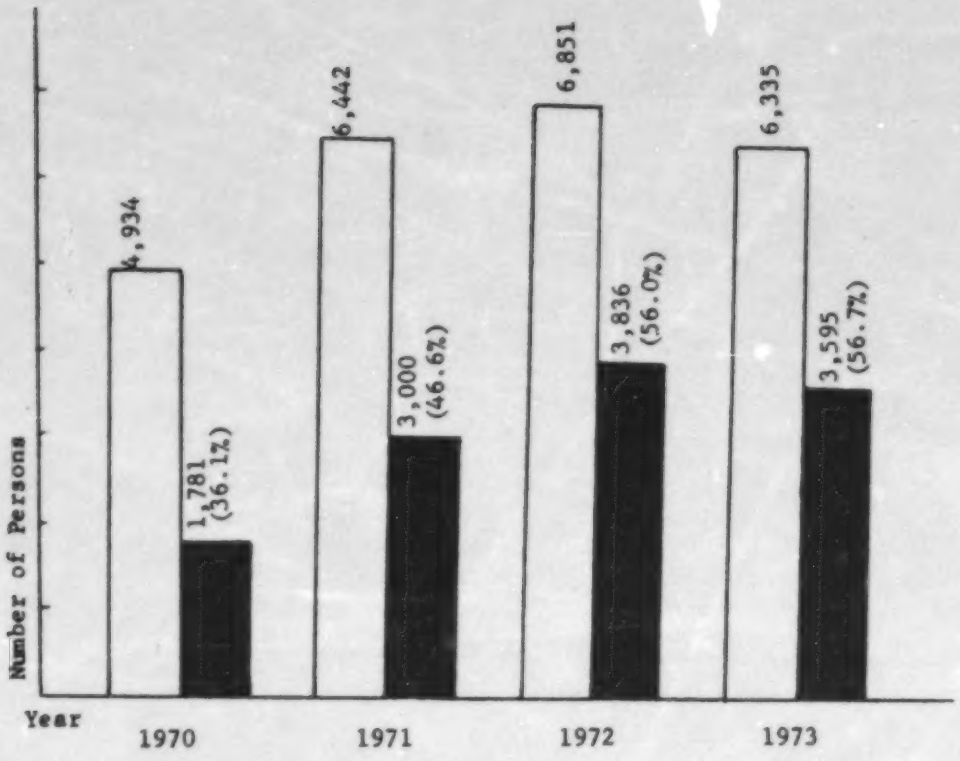
	1965	1966	1967	1968	1969	1970	1971	1972	1973
Asian total	176	340	794	1,304	1,507	1,781	2,969	3,836	3,595
Korea	2	19	26	60	102	254	526	738	744
Philippines	42	139	445	891	796	951	1,549	1,589	1,281

Source: Table based upon INS statistics on the number of immigrants admitted as professional, technical, and kindred workers by country or region of last permanent residence.

Foreign-educated professional nurses who reside in California and wish to practice their profession must apply for licensure through the State Board of Registered Nursing. The board is composed of seven members appointed by the Governor for 4-year terms. Five of the board members must be registered professional nurses; two are public members. There is also an advisory council composed of 13 members who advise the board on all matters within the purview of the Nurse Practice Act

EXHIBIT IV

Immigrant Nurses
(Prof. & Student Prof.) Admitted
from All Countries and Asia--
1970-1973



○ All countries including Asia

● Asia only (as percentage of total from all countries)

Source: Immigration and Naturalization Service statistics on "Immigrants Admitted, Country or Region of Last Permanent Residence by Professional, Technical, and Kindred Workers, Students, and All Other Occupations," Fiscal Years Ending June 30, 1970-1973.

and its enforcement. Among the board's responsibilities are the accreditation of California schools of professional nursing and the issuance of licenses.[28]

Foreign- and domestic-educated nurses seeking licensure as registered nurses are given the identical examinations. The examinations, which last 2 days, are administered three times a year--winter, summer, and fall. The summer (July) examination is for domestically-educated nurses only. Marge Buzdas, senior clerk in charge of examinations for the board, told the Commission in a November 1973 interview that, "We don't have the facilities to give it [examination] to foreigners, too, following the big June graduation."

Although there is no separate examination for English comprehension, foreign-educated nurses must understand English as it is related to nursing. Foreign-educated nurses must also take the National League for Nursing State Board Test Pool Examinations prior to becoming licensed in California, unless they have already taken the test in another State or have completed a nursing program in an accredited school or have an out-of-State license.

The board provided Commission staff with figures which showed the results of the State Board Test Pool Examination. In February 1973, 558 foreign-educated applicants took this examination; 95 or 17.0 percent passed.

According to the board, most of the foreign-educated applicants are from the Philippines, Japan, Korea, Canada, and Taiwan. Pilipinos lead the list. Marge Buzdas indicated that foreign-educated candidates pass at a lower rate than do domestically-educated candidates. Overall, 1 out of 4 or 5 foreign-educated candidates pass. In the February 1973 examination, 689 candidates (including American- and foreign-educated candidates) passed out of a total of 1,740 who appeared for the examination. Of the 689 candidates who passed, 176 or 25.5 percent were foreign-educated.

Ms. Buzdas noted in her interview with Commission staff that two possible factors for the lower rate of success among foreign-educated applicants are the lack of familiarity with the terms used and the inability to understand the directions given in the examinations.

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28. Cal. Bus. & Prof. Code §§2701, 2702, 2718, 2785 (West 1974).

There are no board-sponsored refresher or English review courses for foreign-educated nurses seeking licensure. Refresher courses are irregularly set up by individual communities in adult education programs or by universities as a community service.

During the Advisory Committee open meeting in Los Angeles, Punja Yhu, a registered nurse who was educated in Korea, spoke on behalf of 600 Korean-born and -educated nurses in the Los Angeles area. Ms. Yhu told the Advisory Committee that the majority of the Korean-educated nurses had the equivalent education and experience of registered nurses in this country. Of the 600 nurses in the area, she said, only 200 had been able to obtain State licensure as registered nurses. Ms. Yhu pointed out that foreign-trained nurses have language and monetary difficulties in preparing for the examination. She asserted that foreign-trained nurses were often exploited by hospitals and clinics which employ them as nurses' aides at $1.85 an hour and have them perform tasks usually assigned to registered nurses.

From the economic point of view, each foreign medical graduate's education represents a capital investment in today's values of $30,000 to $40,000....When he arrives in this country, this capital should be utilized by the States in as productive a way as possible.

--Dr. Ruth Heuscher,
Association of Foreign
Medical Doctors in California

IV. CONCLUSIONS AND RECOMMENDATIONS

The problems caused by the reluctance of professional boards to assist foreign-educated professionals who seek licensure are not restricted to the professional communities. Health care and medical services afforded minority communities are affected by the under-utilization of these trained professionals.

While the medical establishment expresses concern about the varying standards used abroad to measure foreign graduates, and the "danger" of lowering medical standards, it downplays the fact that many foreign graduates are or will become American citizens and that these foreign-educated doctors, nurses, dentists, and pharmacists, have much talent and experience to offer the United States--the country of their choice.

The United States is experiencing a shortage of medically-trained personnel. Medical schools are overcrowded, forcing many qualified American students to seek other careers or pursue a medical education abroad. A medical education is also an expensive undertaking. A study by the Institute of Medicine for the U.S. Department of Health, Education, and Welfare estimates that the average annual education cost per

student ranges from $6,900 to $18,650 in medicine; $6,132 to $16,000 in dentistry; $1,579 to $5,745 in pharmacy; and $1,193 to $4,048 in nursing (baccalaureate degree program).

The hundreds of unlicensed and underutilized health personnel in California represent hundreds of thousands of dollars in education, training, and experience. Medical refresher courses, with supplementary courses in English and acculturation, would place these professionals in positions which would benefit not only the professional communities but also the people whom they serve.

Instead of viewing foreign-educated professionals as competitors, the State licensing boards and the professionals communities should acknowledge that these professionals have the skills and willingness to help relieve the health personnel shortage in this country. Their training for the medical and health care standards in this country would be at a minimal cost to the State or Federal Government when compared to the overall cost of medical education and the services they would provide to their communities.

RECOMMENDATIONS:

1. The Advisory Committee recommends that State licensure boards review their standards to see that qualified professionals are not screened out. The Advisory Committee also recommends that the licensure boards endorse and actively support training programs for foreign-educated doctors, nurses, dentists, pharmacists, and others in the medically-related professions.

   Foreign-educated professionals offer considerable talent and experience to their professions and to their communities. A 6-month to 1 year training program with medical courses and acculturation studies would better prepare foreign-trained health professionals to meet the State licensure requirements in California.

2. The Advisory Committee recommends that medical and health schools which have indicated a willingness to assist in seeking solutions to the issues of education and quality medical service design programs in conjunction with foreign-educated professional associations, and apply for training funds such as are now authorized under the special projects program of the Comprehensive Health Manpower Training Act of 1971.

The Comprehensive Health Manpower Training Act of 1971, operating in fiscal 1975 under a continuing resolution of Congress, offers considerable latitude in assisting medical schools in the training of health personnel. It is expected that health manpower legislation will be developed by the 94th Congress.

3. The Advisory Committee recommends that the State legislature, licensing boards, and professional bodies work together to develop medical job classifications and establish guidelines and procedures which would enable foreign graduates to practice their professions on a limited basis while preparing for the examinations.

   Allowing foreign graduates to practice on a limited basis will enable them to be gainfully employed while serving their communities. It could also serve to reduce the instances of exploitation which have affected large numbers of foreign-educated health professionals and allow for a full range of training needed for licensure.

4. The Advisory Committee recommends that the Board of Pharmacy reassess its policy toward foreign-educated pharmacists.

   The policies and practices of the California Board of Pharmacy raises serious questions as to whether this professional body is protecting its own from too much competition or protecting the "public health and safety," as it professess. The board has been slow in responding to the concerns of the foreign-trained pharmacists who apply for licensure, most of whom are Asian-born and -educated.

5. The Advisory Committee further recommends that the State legislature amend the Business and Professions Code so that the implementation of §4089.5 is not left to the discretion of the Board of Pharmacy.

   Since the law was amended in 1972 to allow foreign-educated pharmacists to take the licensure examination at the discretion of the board of pharmacy, not one foreign graduate without an advanced degree from an American school has been permitted to apply for the examination. The board has consistently maintained that there is no equitable standard to certify foreign-educated professionals. But other States, including New York, have been able to certify foreign graduates. The use of the Credentials Evaluation Service by the California board appears to be yet another restriction imposed upon foreign-educated applicants.

Even if the applicant makes up the deficiencies indicated in the evaluation, the board may still not permit the individual to apply for licensure.